## ç 612 (Requestor's Name) (Address) 600273288676 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL -2 (Business Entity Name) (Document Number) 06/04/15--01015--011 \*\*25.00 Certified Copies Certificates of Status Special Instructions to Filing Officer: 1- NU AH 11: 26 Office Use Only JUN 0 5 2015

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## COVER LETTER

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TO:	Registration Section Division of Corporations	 (;	
SUBJE	CT: <u>MARATHON FLORIDA</u> Name of Limited Liability Comp	 LLC	

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

CLIFFORD RYDELL Name of Person MARATHON FLORIDA Firm/Company PO Box 570908 Address Key Colony Beach, Citypstate and Zip Code D Marathon Florida, (to be used for future annual report notification) com Ø

For further information concerning this matter, please call:

CLIFFORD at ( 305) 587-9830 KYBELL Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 (additional copy is enclosed)

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

(additional copy is

Certificate of Status &

AM II:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NARATHON Name of the Limited L	FLORIDA TV, LLC iability Company as it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number $\cancel{2490009}$	lity Company were filed on <u>February 21, 2015</u> and assigned 6.12.6
This amendment is submitted to amend the following	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> e address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
New Registered Agent's Signature, if changing Regi	stered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dominant being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability  $\overrightarrow{Q}$  accept hereby being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability  $\overrightarrow{Q}$  and  $\overrightarrow{Q}$ 

If Changing Registered Agent, Signature of New Registered Agent Page 1 of 3 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
AMBR	CHERYL LAPOINTE	81681 Old Highway Islamorada Fi 33036	XAdd
		Islamoreda Fi 33036	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if no	cessary.)	
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E. Effective date, if other than the date of filing: May 29, 2015 (or (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at	tional)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t	ter filing.) Purs his date will :	auant to 605.0207 (3)(b) not be listed as the
document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on t	he earlier of:
Dated May 27 2015		<u> </u>
	TALL	VISIO
Signature of member of authorized representative of a member	AHA	NETA NOR OF
CLIFFORD RYDELL	SEE.	
Typed or printed name of signee	FLOF	F ST. POR/
Page 3 of 3	<b>NE</b>	ATION 26
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Filing Fee: \$25.00